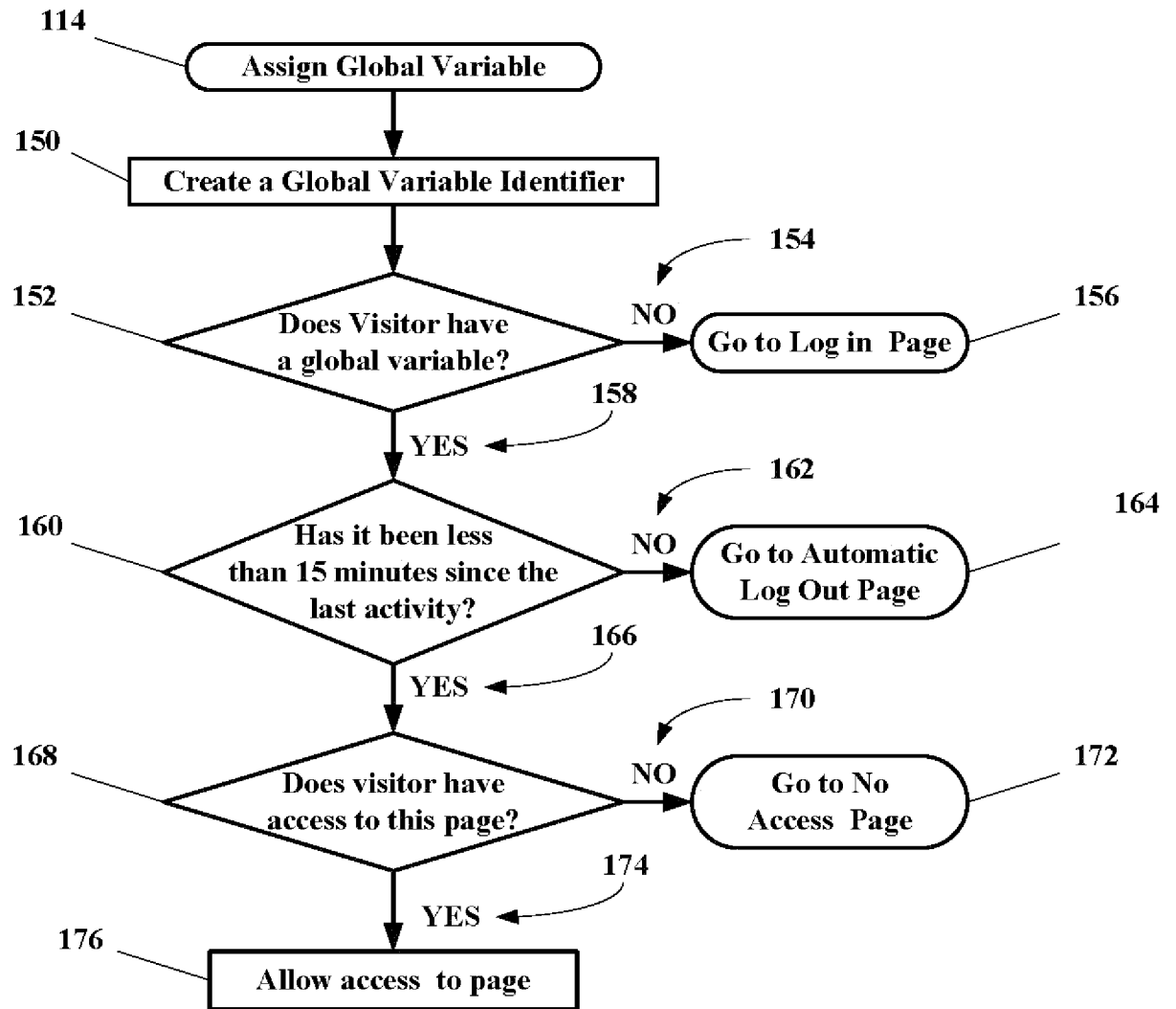


FIG. 1A

**FIG. 1B**

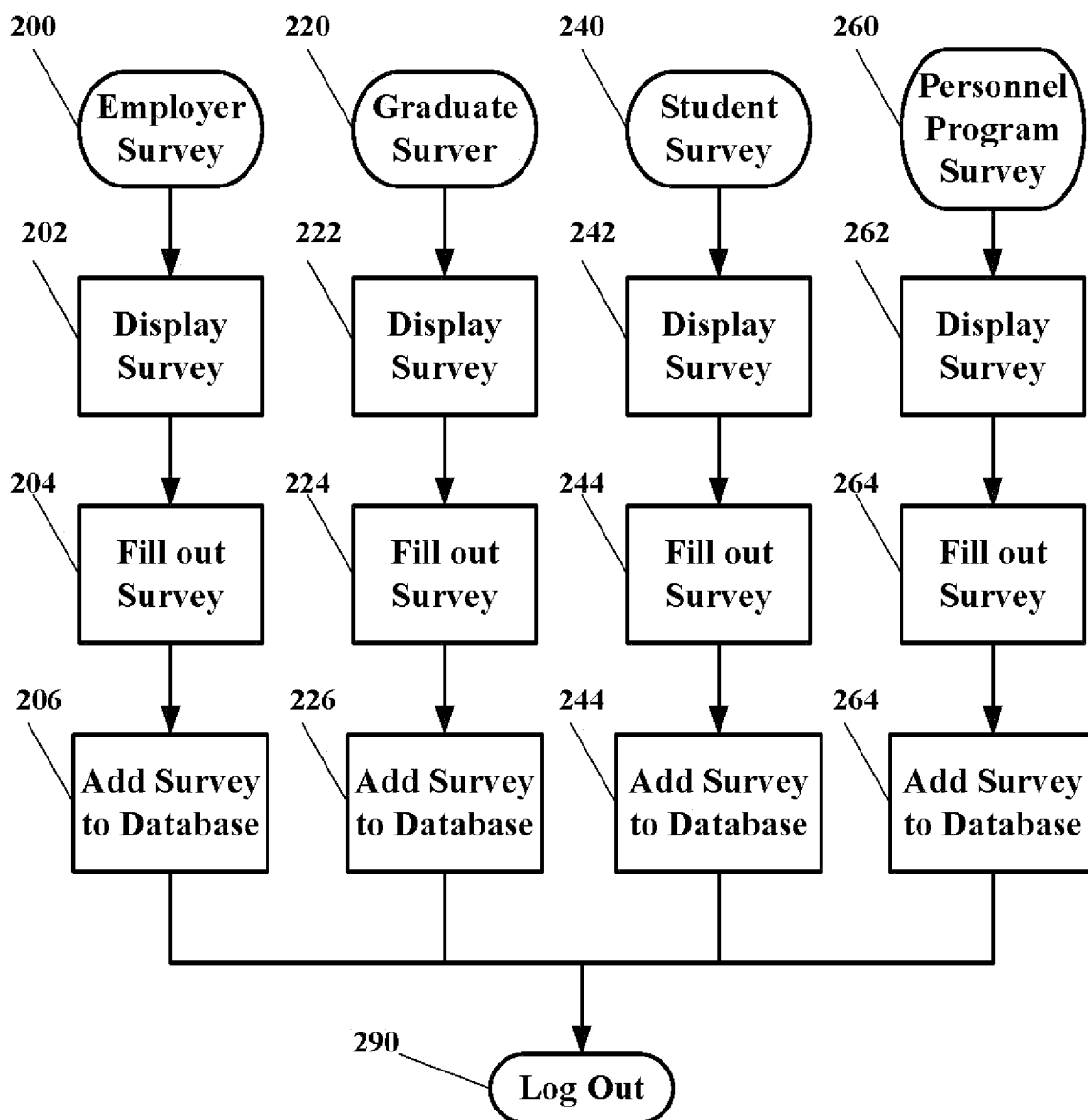
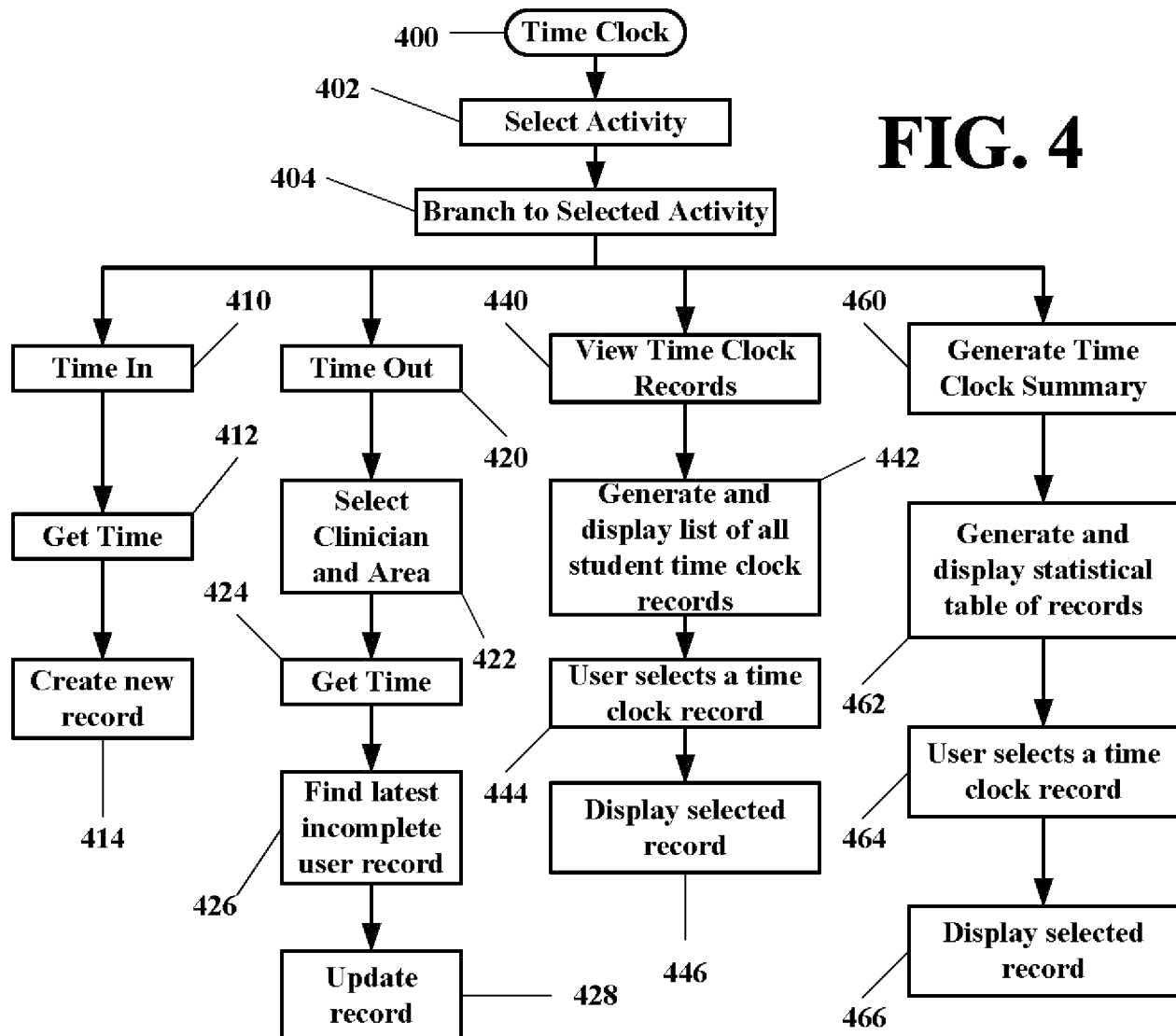
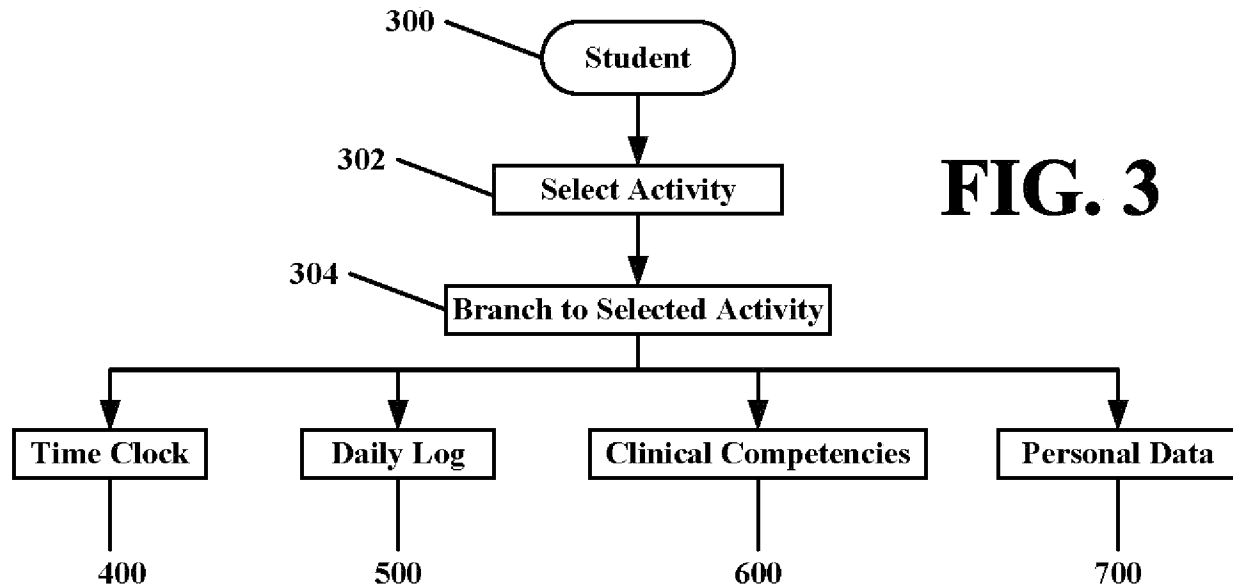
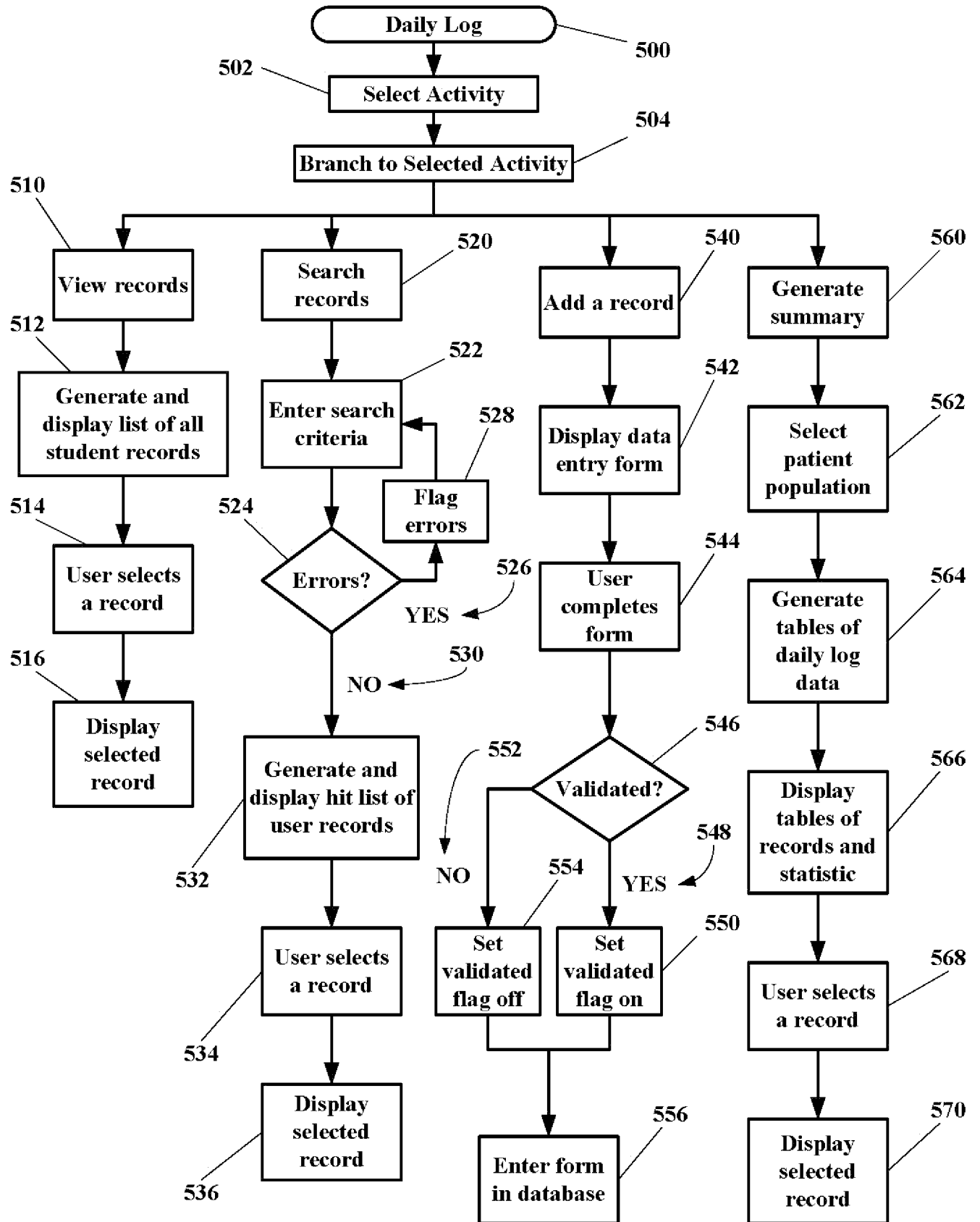
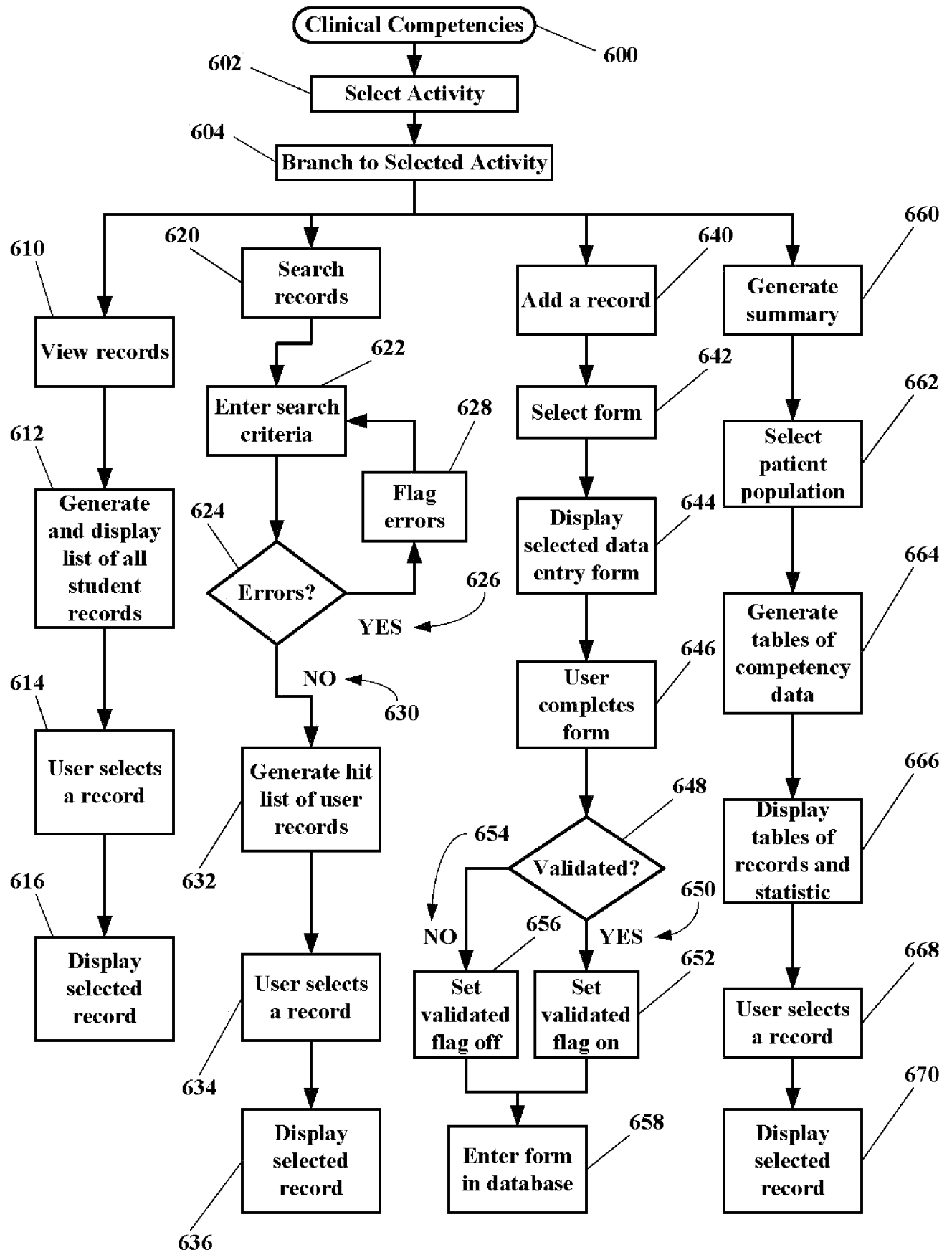


FIG. 2




FIG. 5


FIG. 6

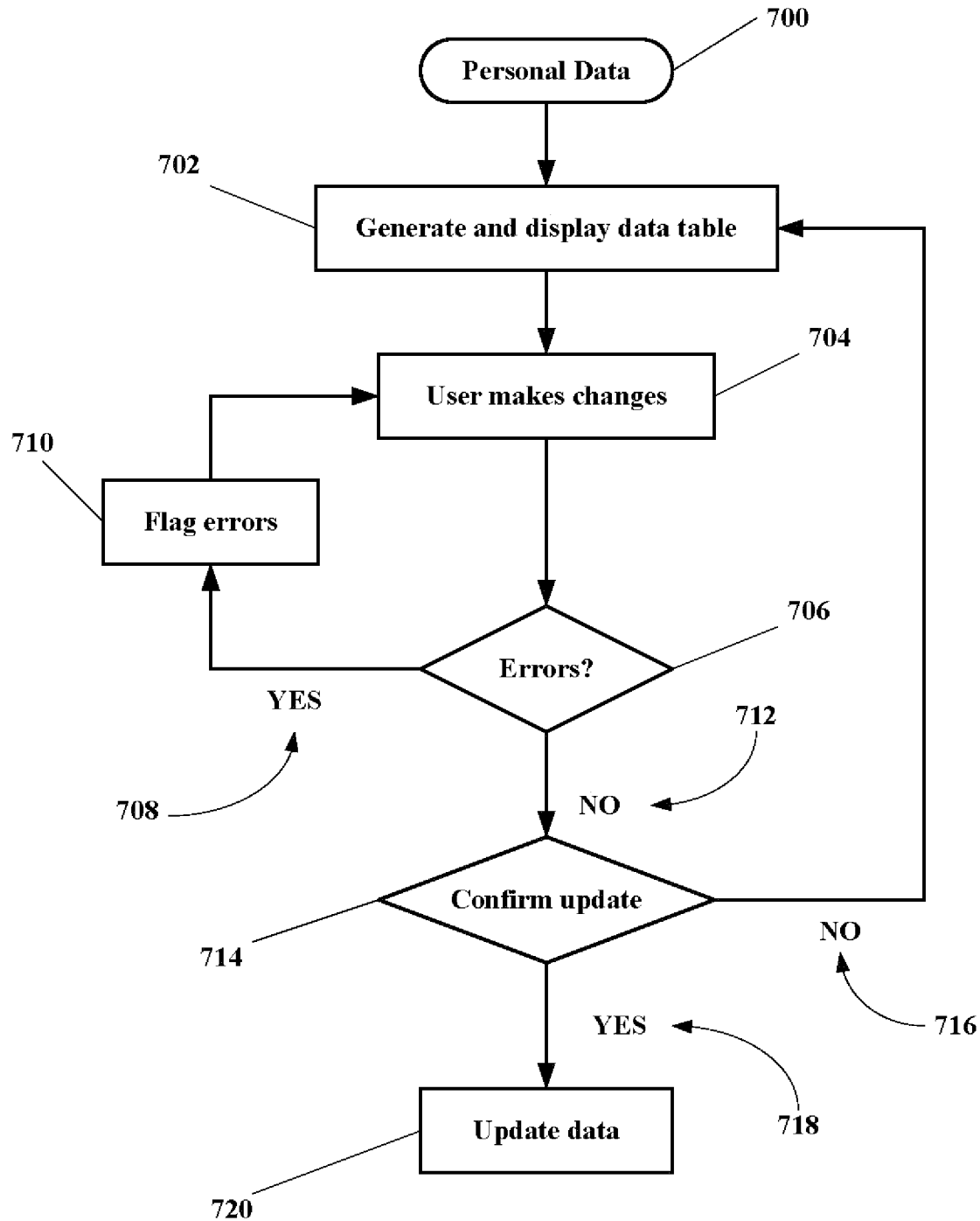
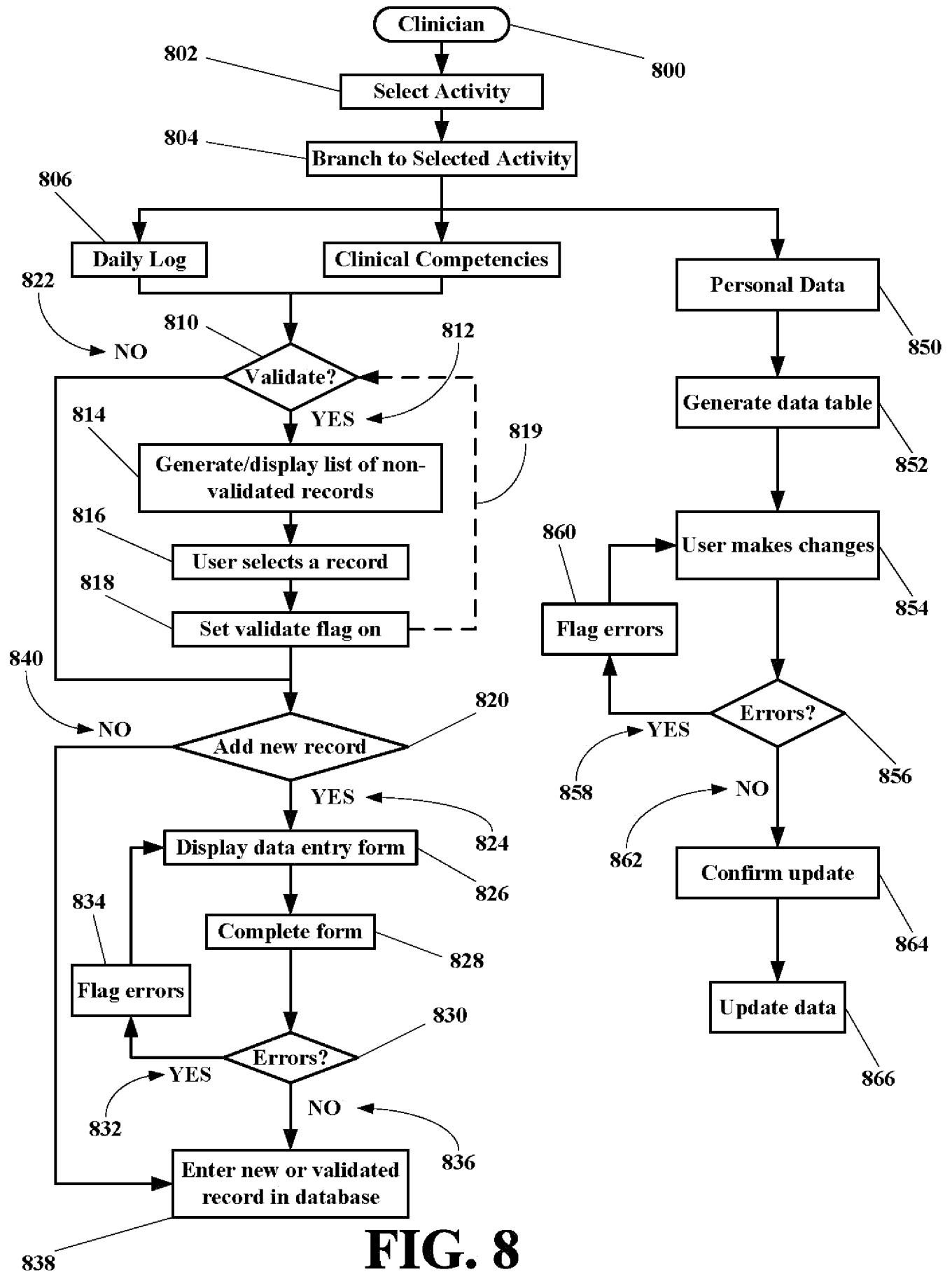


FIG. 7



REPLACEMENT SHEET 9/54

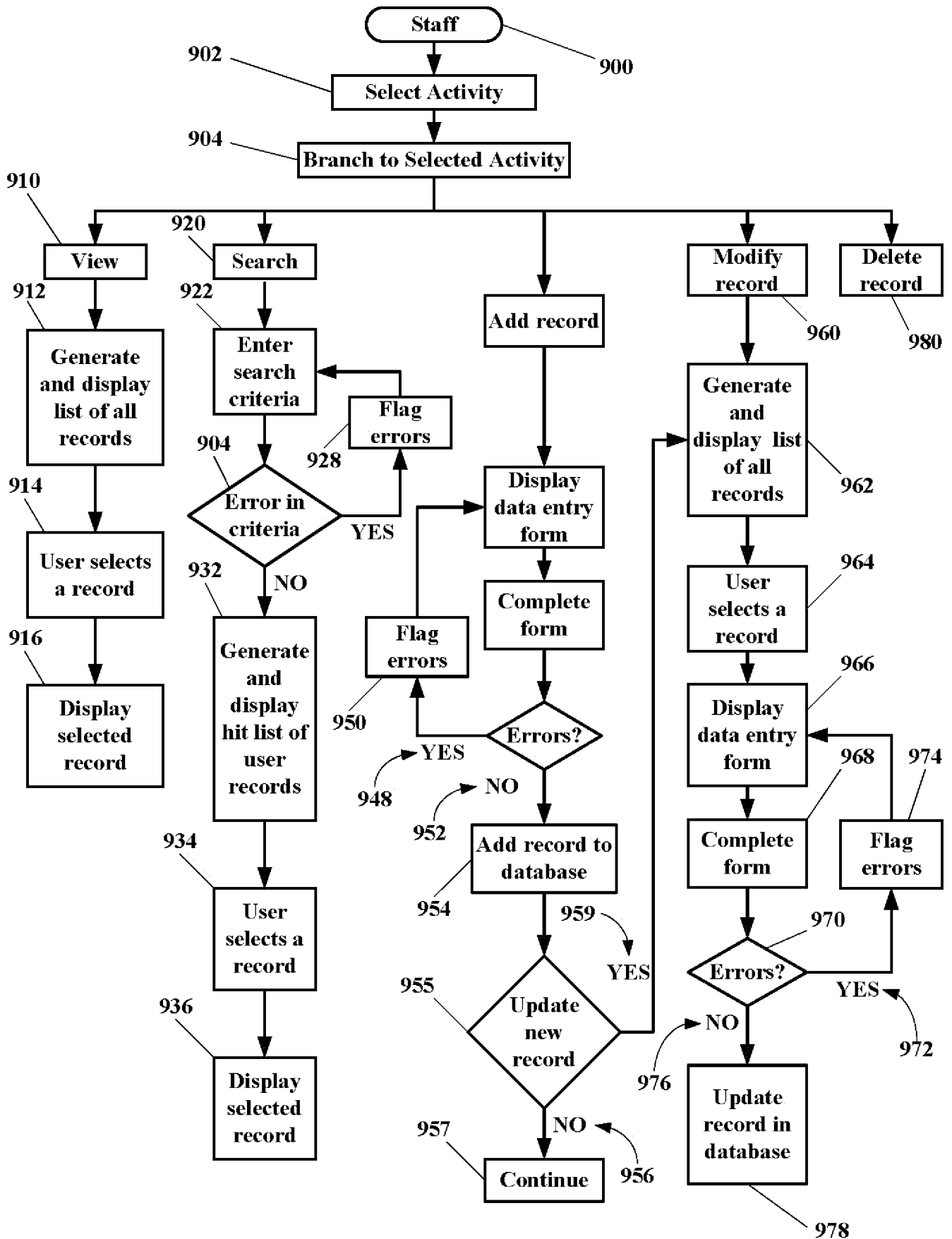


FIG. 9A

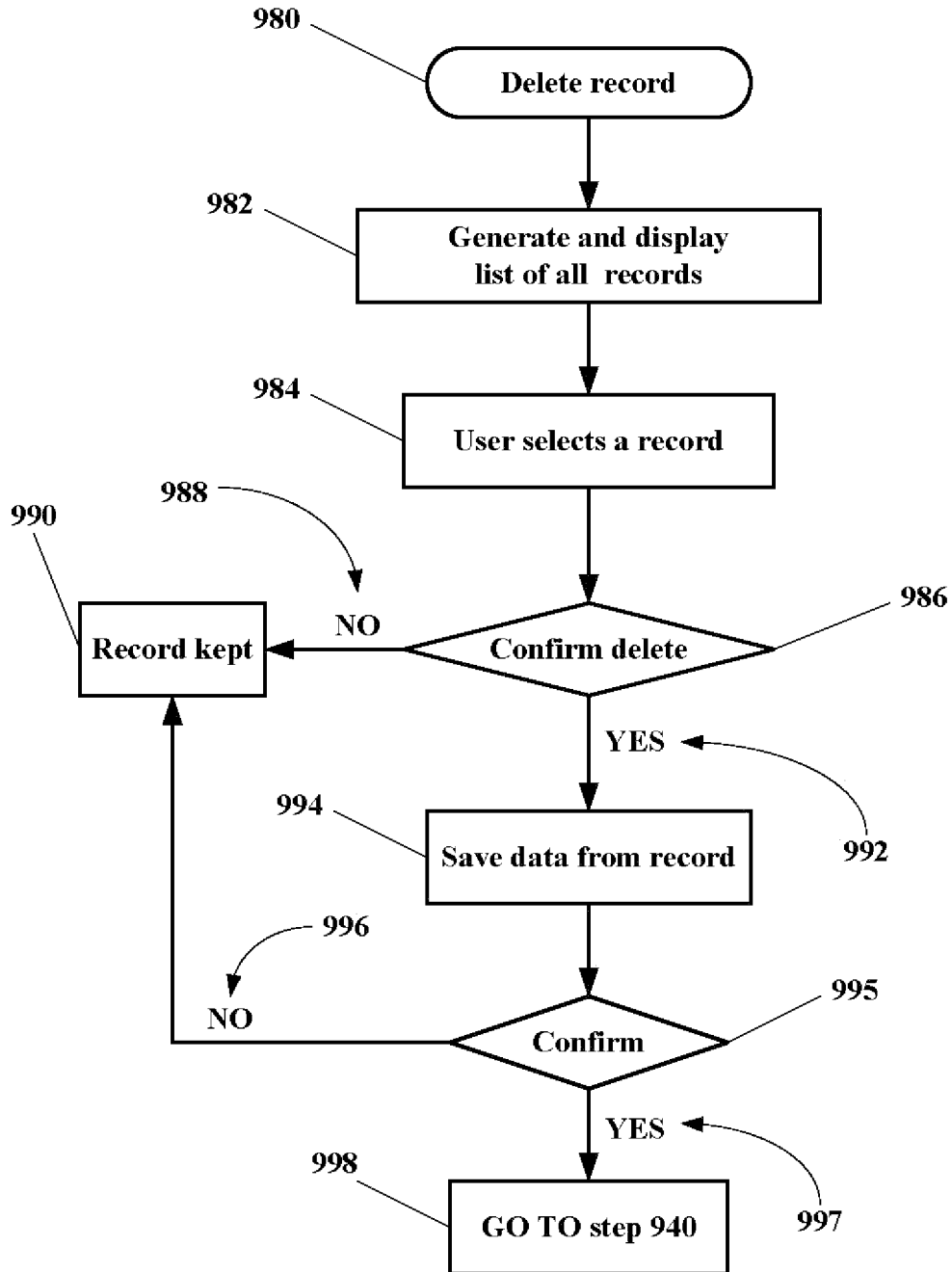


FIG. 9B

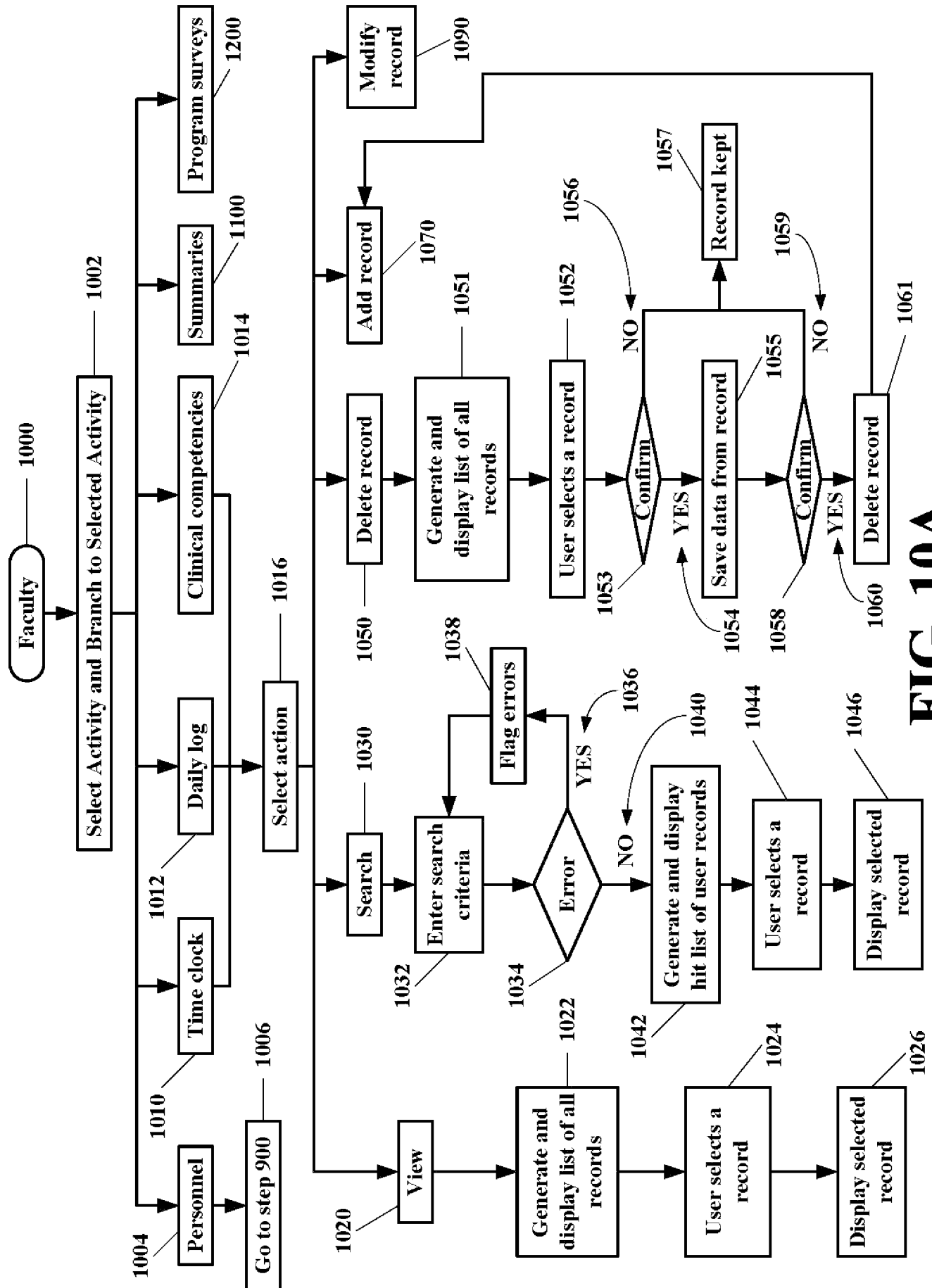
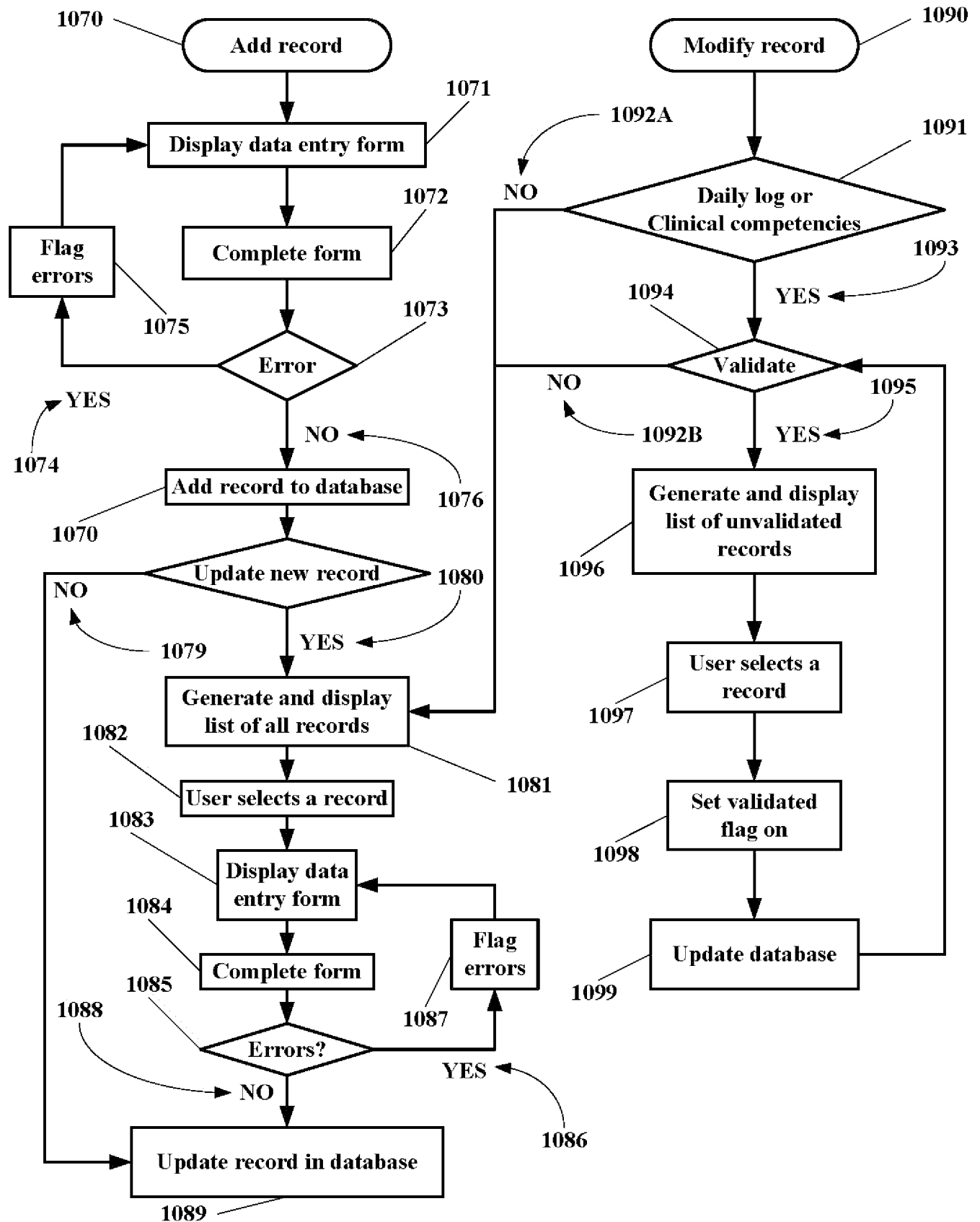
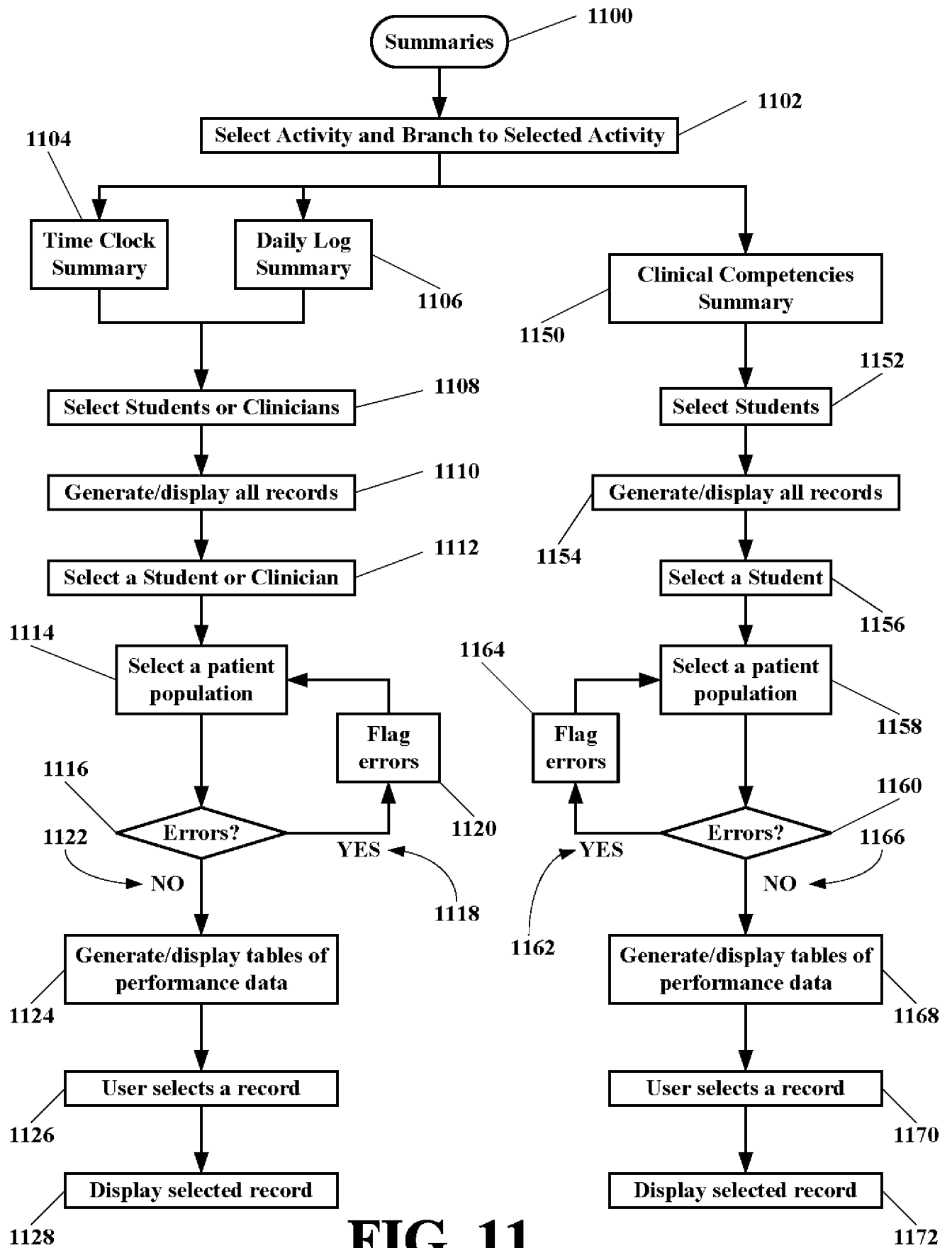


FIG. 10A


FIG. 10B



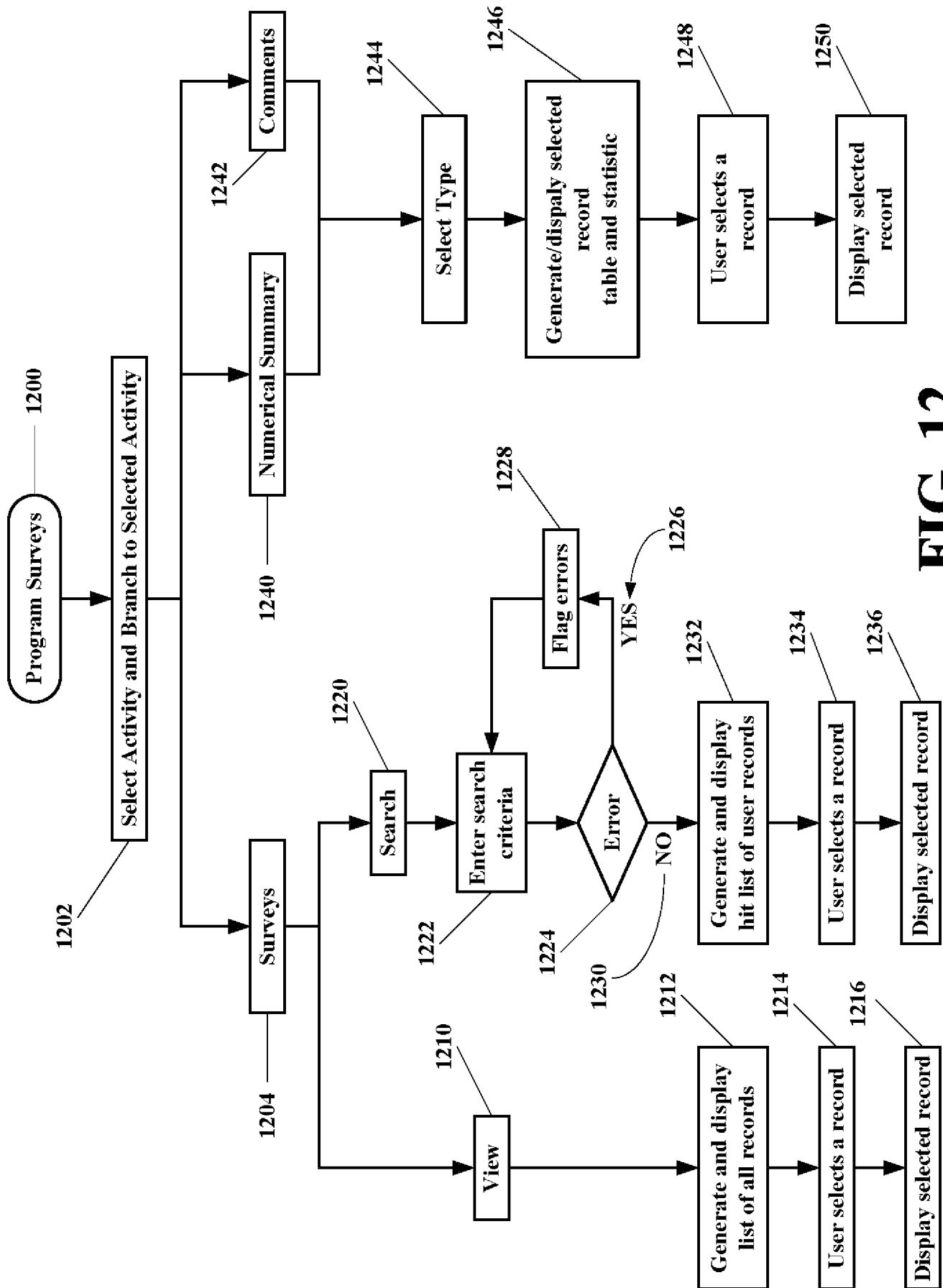


FIG. 12

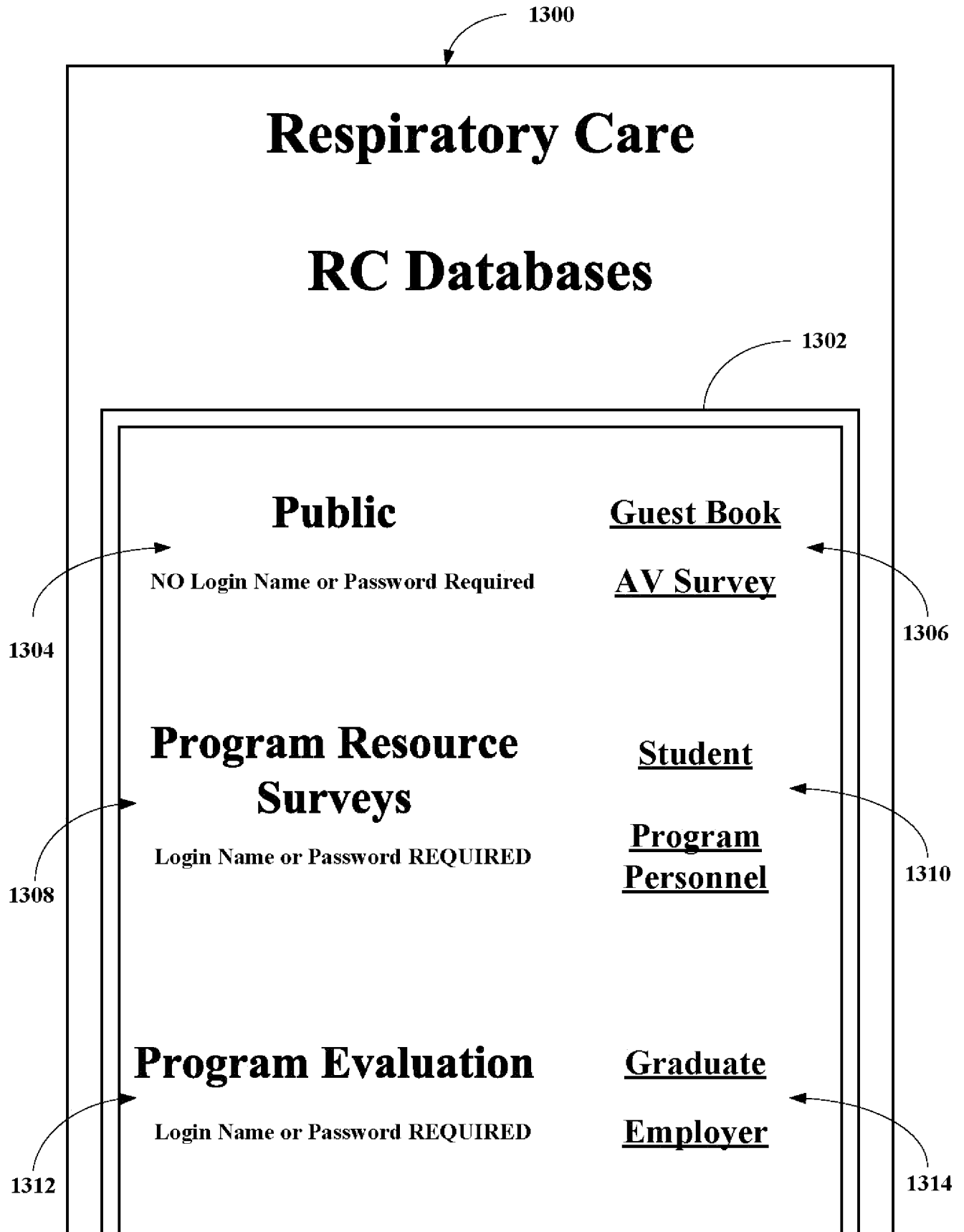


FIG. 13A

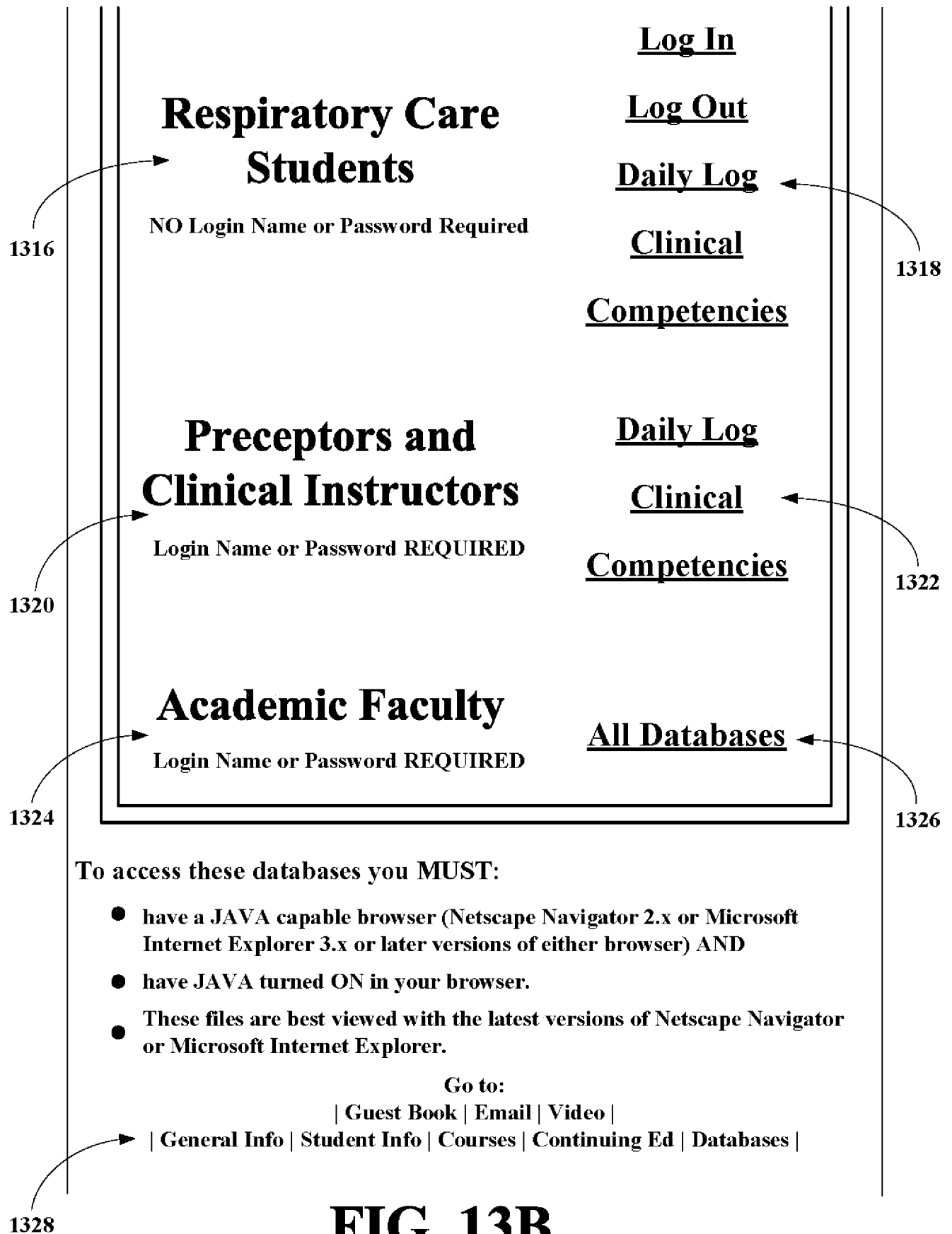


FIG. 13B

REPLACEMENT SHEET 17/54

| **Clinical** | **RC Links** |
| **Respiratory Care Home Page** | **SAHS Home Page** | **UTMB Home Page** |

For technical problems at this website, please send email to:
SAHS WebMaster

Please review disclaimer and Internet **guidelines**

1328

FIG. 13C

Browser Banner

1420

Respiratory Care

RC Student Time Clock Log In

Please enter the following information to complete you log record

I am

- Select Student - ▼

- Select Student - ▲

Name 1
Name 2
Name 3
Name 4
Name 5
Name 6
Name 7
Name 8
Name 9

I am taking

- Select Courses - ▼

- Select Courses -

COURSE 1 – Description 1
COURSE 2 – Description 2
COURSE 3 – Description 3

Send Information

Clear Form

1422

1424

1428

1426

1430

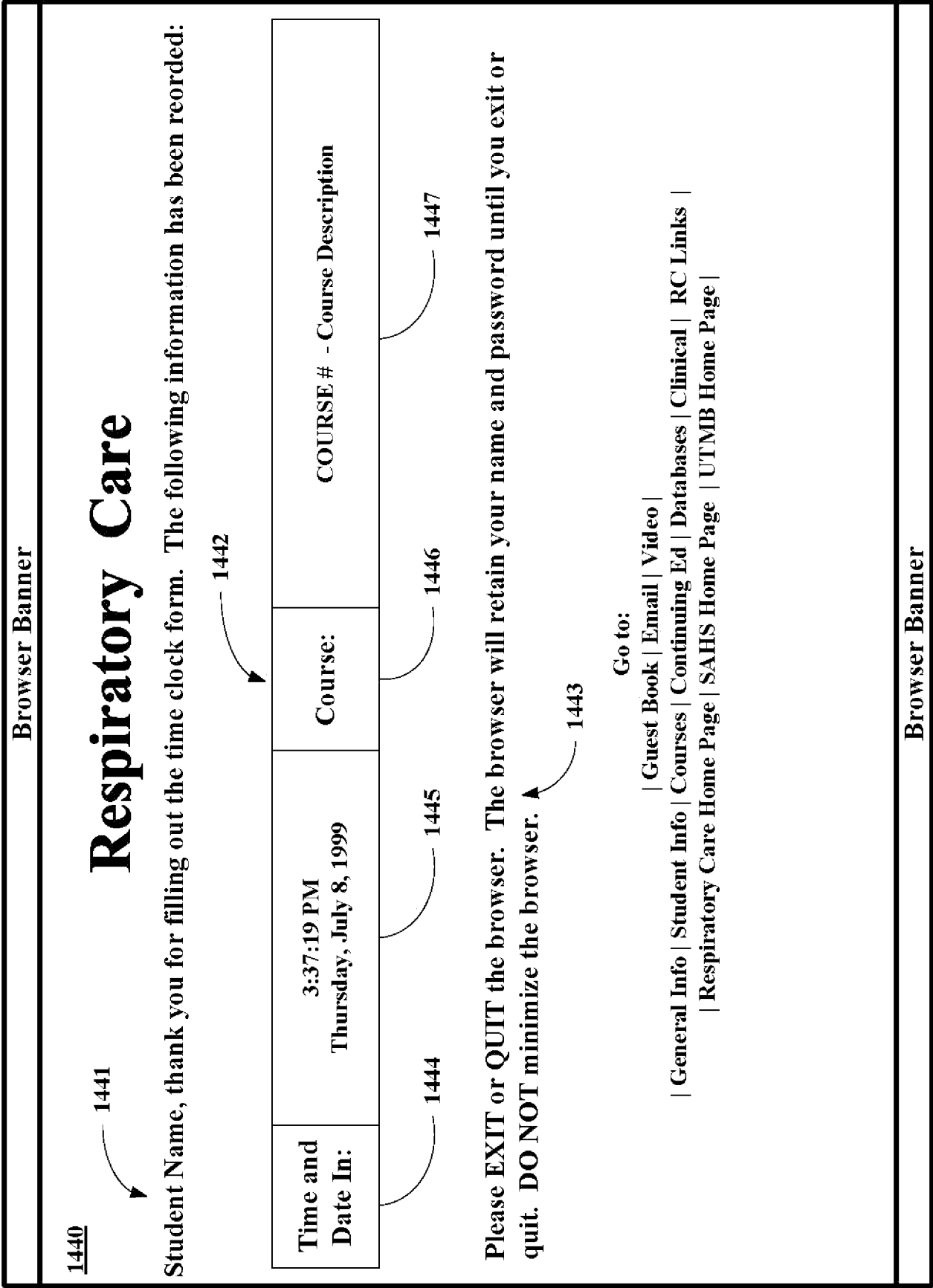
1432

Browser Banner

FIG. 14B

AD: 98006/16C1

USSN: 10/817385



Browser Banner	
<div>1450</div> <h1>Respiratory Care</h1> <h2>RC Student Time Clock Log Out</h2> <p>Please enter your PASSWORD <input type="password" value="*****"/> 1452 to access your log in record.</p> <div> <input type="button" value="Find My Log In"/> 1454 <input type="button" value="Clear Form"/> 1456 </div>	
Browser Banner	

FIG. 14D

Browser Banner

1460

Respiratory Care

RC Student Time Clock Log Out

Hello Student Name, you logged in at 12:46:29 PM on Tuesday, June 8, 1999

The database will automatically record the log out hour and the data when you press the “Send Information” button. Please enter the following information to validate our daily time log:

1462

I was at:

▼

Emergency Room

▲

Emergency Room

Burn Unit

Adult Floors

Pediatric Floors

Emergency Room

PICU

ISCU

MICU

SICU

TDC-ICU

Clinical Specialist

THI-CS

1464

My Client

(first

1466

was

1468

Last Name

1470

Send Information

1472

Clear Form

Browser Banner

FIG. 14E

AD: 98006/16C1

USSN: 10/817385

Browser Banner

1480

1481

Respiratory Care

1482

Student Name, thank you for filling out the time clock form. The following information has been reorded:

1484 Time and Date In:	1485 3:37:19 PM Thursday, July 8, 1999	1486 Course:	1487 COURSE # - Course Description
1488 Time and Date Out:	1489 3:40 PM Thursday, July 8, 1999	1490 Location:	1491 Adult Floors
1492 Total Time: (Hours)	1493 .04	1494 Clinical Instructor:	1495 Instructor Name

Please EXIT or QUIT the browser. The browser will retain your name and password until you exit or quit. DO NOT minimize the browser.

NOTE: If any of the above information is NOT correct please email us and tell us exactly what was incorrect so that we can adjust your time card and fix the database. Thank you.

Go to:

| Guest Book | Email | Video |

| General Info | Student Info | Courses | Continuing Ed | Databases | Clinical | RC Links |

| Respiratory Care Home Page | SAHS Home Page | UTM Home Page |

Browser Banner

FIG. 14F

Browser Banner

1500

ADULT Daily Log

Course Designation and Description

Term

Instructor:

Instructor Name

▼

1502

1504

1518

1512

Student:

Student Name

▼

1506

Hospital Area:

Location

▼

1452

1510

Physician contact (specific nature and duration)

Description of Physician Contact

▼

▲

1514

Describe today's most significant experience, including unique observations, your opinions, attitudes, and feelings:

Description of Most Significant Experience

▼

▲

1516

Browser Banner

FIG. 15A

1518			Browser Banner		
1520			PATIENT DATA		
PROCEDURES		OBSERVATIONS	PERFORMANCES		
Vital Signs		5			2
Chest Assessment		3	1524		1
Patient Assessment 1522		10			5
Isolation Procedures		10			6
1520			PATIENT DATA		
Nasal Cannula		5			2
Simple Mask		3			1
Venti-Mask		2	1524		1
Partial Rebreather 1522		2			1
Non-Rebreather					
Pulse Oximetry					
Cylinder Transport					
1520			PATIENT DATA		
Face Tent					
Face Mask 1522			1524		
Trach Collar					
Browser Banner			FIG. 15B		

FIG. 15C

Respiratory Care

Thank you, Clinical Instructor, for filling out the Adult Daily Log form for Student Name.
Your time is greatly appreciated.

If you are done filling out Daily Log forms, please EXIT or QUIT the browser.
The browser will retain your name and password until you exit or quit.
Do NOT minimize browser.

Go to:

Guest Book	Email	Video				
General Info	Student Info	Courses	Continuing Ed	Databases	Clinical	RC Links
Respiratory Care Home Page	SAHS Home Page	UTMB Home Page				

FIG. 15D

Browser Banner

1600

Respiratory Care

Clinical Competencies by Unit Rotations

1616

Adult Floor Therapies

1604 Adult Critical Care

Adult Diagnostics

Pediatrics Floor Therapies

Pediatrics Critical Care

Pediatrics Diagnostics

Neonatal Floor Therapies

Neonatal Critical Care

Neonatal Diagnostics

Special Rotations

Browser Banner

FIG. 16A

<u>1606</u>	Adult Critical Care Competencies	
	Therapy Group	Special Competency
	Manual Resuscitators	Setup & Ventilation via Endotracheal Tube Setup & Ventilation via Mask
		ETS – Endotracheal Suctioning
		NTS – Nasotracheal Suctioning
		Tracheal Suctioning
	Suction Procedure	In-Line Suctioning
		Securing Tracheostomy Tube
		Tracheostomy Care
		Cuff Management
	Endotracheal Tube / Tracheostomy Care	Intubation
		Ventilator Setup
		Routine Ventilator Check
		Ventilator Circuit Change
	Ventilatory Care	Ventilator Graphics Analysis
		Capnography
		Spontaneous Parameters
		Weaning Modes
	Weaning from Mechanical Ventilation	Noninvasive Ventilator Setup
		Noninvasive Ventilator Check
		Manual Ventilations during Transport
<u>1610</u>	Patient Transport	Transport Ventilation Setup <u>1614</u>

FIG. 16B

<u>1618</u>	Adult Critical Care Competencies	
	Therapy Group	Special Competency
Manual Resuscitators		BLS – Basic Life Support
		Hand Washing
		Isolation Procedures
		Charges
Patient Data		Vital Signs
		Chest Assessment
		Patient Assessment
		X-Ray Interpretation
Oxygen Therapy		Isolation Procedures
		Nasal Cannula
		Simple Mask
		Partial Rebreather
Aerosol & Humidity Therapy		Non-Rebreather
		Venti-Mask
		Pulse Oximetry
		Face Tent
Aerosol & Drug Administration		Face Mask
		Trach Collar
		T-Piece
		USN – Ultrasound Nebulizer
Hyperinflation Therapy		MDI – Metered Dose Inhaler
		SVN – Small Volume Nebulizer
		IS – Incentive Spirometry
		IPPB – Intermittent Positive Pressure Breathing
Bronchial Hygiene		Chest Physiotherapy
		Coughing
		Breathing Exercises
		Mucous Clearance Adjuncts
<u>1622</u>		(PEP – Positive Expiratory Pressure, 1626

FIG. 16C

1460

Browser Banner

Respiratory Care

Adult Floor Therapy – Oxygen Therapy – Nasal Cannula

1634

REQUIRED: This evaluation was done (date): Enter date as m/d/y, for example 12/25/98 for December 25, 1998. If you leave the year space blank and enter 12/25, the program will automatically fill in the current year.

REQUIRED: Instructor

REQUIRED: Student

Conditions (describe):

Conditions (describe):

Conditions (describe):

Conditions (describe):

Conditions (describe):

Conditions (describe):

Conditions (describe):

Conditions (describe):

Conditions (describe):

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Conditions (describe):

Conditions (describe):

Conditions (describe):

Conditions (describe):

Conditions (describe):

Conditions (describe):

Browser Banner

Additional comments: include errors of omission and commission, communicative skills, and effectiveness of patient interaction:

Student forgot to place the “NO SMOKING” sign.

1646

Summary performance evaluation and recommendations

Please use the following criteria and select the appropriate pop-up menu.

• **Satisfactory** — student ready for minimally supervised application and refinement. Student performed without error or prompting, or able to self-correct, no critical errors.

• **Unsatisfactory** — prompting required; performed with critical errors, potentially harmful.

• **Minor – Unsatisfactory**: Student requires re-evaluation after minor deficiencies are corrected.

• **Major – Unsatisfactory**: Student requires complete re-evaluation.

REQUIRED: Summary Performance Evaluation:

1654

1652

- Select Evaluation - ▼

- Select Evaluation - Satisfactory

Minor- Unsatisfactory

Major- Unsatisfactory

1650

1648

Send Information

Clear Form

Browser Banner

FIG. 16E

AD: 98006/16C1

USSN: 10/817385

Browser Banner

Additional comments: include errors of omission and commission, communicative skills, and effectiveness of patient interaction:

Student forgot to place the “NO SMOKING” sign.

Enter Network Password

Please enter your authentication information

OK

Cancel

Resource: Database clinical competencies.fp3

User Name

REQUIRED:

Summary Performance Evaluation: Minor-Unsatisfactory

Send Information

Clear Form

Browser Banner

FIG. 16F

Browser Banner				
Academic Faculty				
Database	Options			
Students	<u>View</u>	<u>Add</u>	<u>Search</u>	<u>Modify/</u> <u>Delete</u>
Clinical Preceptors	<u>View</u>	<u>Add</u>	<u>Search</u>	<u>Modify/</u> <u>Delete</u>
Dialy Log	<u>View</u>	<u>Add</u>	<u>Search</u>	<u>Delete</u>
Competency Evaluation	<u>View</u>	<u>Add</u>	<u>Search</u>	<u>Delete</u>
Student Time Clock	<u>View</u>		<u>Search</u>	
Browser Banner				

FIG. 17A

Browser Banner

This form is used to modify or delete the record of Student Name

- To **modify** this record, make the necessary changes then client the **MODIFY** button.
- To **delete** this record client the **DELETE** button – **WARNING** – Deleted records can **NOT** be recovered!

First Name:

Last Name:

ID:

Email:

Address:

City:

State – (two letters):

Zip Code:

Phone Number:

Browser Banner

The students in this Respiratory Care Program are:

Student 1

Student 2

Student 3

Student 4

Student 5

Student 6

Student 7

Student 8

Student 9

Student 10

Student 11

Browser Banner

MODIFY

DELETE

Reset Form

Browser Banner

FIG. 17B

AD: 98006/16C1

USSN: 10/817385

Browser Banner

Displaying 91 through 120 of 211 records

Student	Clinical Instructor	Date	Time In	Time Out	Time	Location	Course
	Instructor #1	5/26/99	5:45 AM	6:06 PM	12.35	Adult Floors	# Clinical Therapeutics
		5/28/99	5:45 AM				# Clinical Therapeutics
	Instructor #2	6/2/99	5:45 AM	6:26 PM	12.68	Adult Floors	# Clinical Therapeutics
	Instructor #3	6/4/99	5:45 AM	6:04 PM	12.32	Adult Floors	# Clinical Therapeutics
		5/14/99	12:01 PM				# Clinical Therapeutics
		5/14/99	12:56 PM				# Clinical Therapeutics
	Instructor #4	5/14/99	1:18 PM	2:10 PM	.87	Emergency Room	# Clinical Therapeutics
	Instructor	5/14/99	4:45 PM	6:16 PM	12.50	Pediatric	# Clinical

Browser Banner

FIG. 17C

Browser Banner

Respiratory Care

This form is used to search the **Student Clinical Time Clock Record List**

List All Records in the Student Clinical Time Clock Record List

To find **Specific Records**, enter the appropriate information in the following list.

- Student's Name: 1751 1752
- Clinical Instructor's Last Name: 1753 1754
- Date: 1755 1756 1757
- Location: 1758 1759
- Course: 1760 1761

1762 1763

Browser Banner

FIG. 17D

Browser Banner					
<u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Satisfactory	7/2/99
<u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Satisfactory	7/2/99
<u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Minor - Unsatisfactory	7/2/99
<u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Satisfactory	7/2/99
<u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Satisfactory	7/1/99
¹⁷⁷² <u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Satisfactory	6/28/99
<u>Student</u>	<u>Instructor</u>	Nasal Cannula	Adult	Minor - Unsatisfactory	6/15/99
<u>Student</u>	<u>Instructor</u>	Nasal Cannula	Adult	Satisfactory	5-17-99
<u>Student</u>	<u>Instructor</u>	Partial Rebreather	Adult	Satisfactory	6/28/99
<u>Student</u>	<u>Instructor</u>	Non-Rebreater	Adult	Satisfactory	6/18/99
<u>Student</u>	<u>Instructor</u>	Pulse Oximetry	Adult	Satisfactory	6/18/99
Browser Banner					

FIG. 17E

Browser Banner

1773

Respiratory Care

Adult Floor Therapy – Oxygen Therapy – Nasal Cannula

The database automatically recorded the following information (data is presented in blue, red, or yellow):

Student: **Student Name**

Competency: **Nasal Cannula – Adult Floor Therapy**

Time and Date: **11:58:57 AM – Tuesday, June 15, 1999**

Conditions: **This is a test**

Equipment: **This is still a test. Under “Equipment and Patient Preparation,” item #6 is unsatisfactory and will generate an unsatisfactory – minor in the general summary.**

NOTE: For the following questions the default selection is **SATISFACTORY**. The other selections are **UNSATISFACTORY, NOT OBSERVED, and NOT APPLICABLE**.

Browser Banner

FIG. 17F

Browser Banner

1780

This form is used to search the Clinical Competency Database.

List All Records in the Clinical Competency Database

- Default Sort – sort the records using the default criteria (first by specific competency by order of appearance in the Unit Rotations (Hand Washing, BLS, Vital Signs, etc.), then ascending alphabetically by student’s last name, then by patient by rank (adult, pediatric, neonatal), then by descending date, then ascending alphabetically by the instructor’s last name.)
- Custom Sort

To find Specific Records, enter the appropriate information in the following list.

- Student’s Name: - Select Student -
- Preceptor’s Name: - Select Instructor -
- Patient: - Select Patient -
- Date: - Select Log Date -
- Summary: - Select Summary -
- Unit Rotation: - Select Unit Rotation -
- Therapy Groups: - Select Therapy Group -
- Specific Competency: - Select Specific Competency -

Send Search Request

Clear Form

Please specify the sort strategy. NOTE: the default sort strategy is preselected. To use the default sort strategy with the search criteria selected above, just click on the Search Request button. To modify the sort strategy, adjust the sort criteria and sort order to match your needs. Then click on the Send Search Request button.

Browser Banner

FIG. 17G

Browser Banner

1799

Respiratory Care

Display 1 through 10 of 10 records.

Student	Preceptor	Specific Competency	Patient	Summary	Log Date
<u>Student</u>	Instructor	Vital Signs	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Vital Signs	Adult	Satisfactory	5/14/99
<u>Student</u>	Instructor	Chest Assessment	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Isolation Procedures	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Partial Rebreather	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Pulse Oximetry	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Trach Collar	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Small Volume Nebulizer	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Incentive Spirometry	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Charges	Adult	Satisfactory	6/28/99

Browser Banner

FIG. 17H

1800

Browser Banner

Respiratory Care

RESC 3631 Clinical Therapeutics

Summary of Daily Logs and Evaluations

This database was last updated a 9:47:13 AM on 6/8/99

I want the daily log and evaluation for:

1806

Display Summary

1802

- Select Instructor - ▼

1804

Please be patient. The search and retrieval may take a few seconds. Thank you.

Browser Banner

FIG. 18A

1808

Browser Banner

Student: Student Name

Date: 6/8/99

Time: 9:47:13 AM

PROCEDURES:	OBSERVATIONS:	PERFORMANCES:	EVALUATIONS:
Patient Data			
Vital Signs	16	8	2
Chest Assessment	15	68	1
Patient Assessments	15	561810	1
Isolation Procedures	12	60	1
Oxygen Therapy			
Nasal Cannula	7	34	1
Simple Mask	3	25	1
Venti-Maks	4	5	
Partial Rebreather		6	1
Non-Rebreather	1	1	1
Pulse Oximetry	12	11	
Cylinder Transport	1	58	

Browser Banner

FIG. 18B

Browser Banner

1900

STUDENT PROGRAM RESOURCE SURVEY RESULTS

University of Texas Medical Branch – School of Allied Health Sciences –
Department of Respiratory Care

CERTIFIED ELIGIBLE PROGRAM NUMBER: 10000

CERTIFIED ELIGIBLE PROGRAM NUMBER: 20000

1902

The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement.

This survey is for the Summer semester of 1999

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

Browser Banner

FIG. 19A

Browser Banner

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you to not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree
 1 = Strongly Disagree NA = Not Applicable

Total Number of Surveys: 20

1906

1904

I. PERSONNEL RESOURCES (PROGRAM FACULTY)

A. FACULTY TEACH EFFECTIVELY

		5	4	3	2	1	NA
1.	In the classroom	15	5	0	0	0	0
	Number of responses for this item: 20	75	25	0	0	0	0
	Statistics		Mean	4.8	Std. Dev.	0.4	
2.	In the laboratory	20	0	0	0	0	0
	Number of responses for this item: 20	100	0	0	0	0	0
	Statistics		Mean	5	Std. Dev.	0.4	
3.	In the clinical area	10	9	0	0	0	0
	Number of responses for this item: 19	53	47	0	0	0	0
	Statistics		Mean	4.5	Std. Dev.	0.5	

Browser Banner

FIG. 19B

Respiratory Care

STUDENT PROGRAM RESOURCE SURVEY

University of Texas Medical Branch - School of
Allied Health Sciences - Department of
Respiratory Care

CERTIFIED ELIGIBLE PROGRAM

NUMBER: 100000

REGISTRY ELIGIBLE PROGRAM

NUMBER: 200000

The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement.

I am a . This Survey is for the semester of
.

FIG. 20A

REPLACEMENT SHEET 47/54

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable)
2 = Generally Disagree 1 = Strongly Disagree NA = Not Applicable

I. PERSONNEL RESOURCES (PROGRAM FACULTY)

A. FACULTY TEACH EFFECTIVELY:

- 1. In the classroom ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
- 2. In the laboratory ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
- 3. In the clinical area ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

B. FACULTY NUMBER IS ADEQUATE:

- 4. In the classroom ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
- 5. In the laboratory ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
- 6. In the clinical area ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

C. FACULTY MEMBERS HAVE

GOOD RAPPORT WITH STUDENTS. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

D. FACULTY MEMBERS ARE
WILLING TO HELP STUDENTS
WITH ACADEMIC NEEDS.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

E. FACULTY ENSURE STUDENT
REPRESENTATION ON THE
ADVISORY BOARD.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

Comments:

	<input type="button" value="▼"/> <input type="button" value="▲"/>
--	--

FIG. 20B

REPLACEMENT SHEET 48/54

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable)
2 = Generally Disagree 1 = Strongly Disagree NA = Not Applicable

II. PHYSICAL RESOURCES

A. INSTRUCTIONAL RESOURCES: CLASSROOMS

1. Are adequate in size. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
2. Have adequate lighting. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
3. Contain adequate seating. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
4. Have adequate ventilation. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
5. Are provided with appropriate equipment to support effective instruction. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

B. INSTRUCTIONAL RESOURCES: LABORATORY

1. Is adequate in size. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
2. Has adequate lighting. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
3. Has adequate seating. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
4. Is as adequate ventilation. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
5. Is equipped with the amount of equipment necessary for student performance of required laboratory exercises. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
6. Is equipped with the variety of equipment necessary for student performance of required laboratory exercises. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

FIG. 20C

REPLACEMENT SHEET 49/54

7. Is equipped with the amount of supplies necessary for student performance of required laboratory exercises. ☐5 ☐4 ☐3 ☐2 ☐1 ☐NA
8. Is equipped with the variety of supplies necessary for student performance of required laboratory exercises. ☐5 ☐4 ☐3 ☐2 ☐1 ☐NA
9. Activities prepare the student to perform effectively in the clinical setting. ☐5 ☐4 ☐3 ☐2 ☐1 ☐NA
10. Is accessible to students outside regularly scheduled class times. ☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

Comments:

	<input type="button" value="▼"/>
	<input type="button" value="▲"/>

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable)
2 = Generally Disagree 1 = Strongly Disagree NA = Not Applicable

III. LEARNING RESOURCES

A. LIBRARIES (SCHOOL AND AFFILIATES)

I. The program faculty and/or the library personnel, offer orientation and demonstration of the library services.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

FIG. 20D

REPLACEMENT SHEET 50/54

2. The institutional library personnel provide assistance to the students when needed. ☐5☐4☐3☐2☐1☐NA
3. The libraries provide sufficient materials to support classroom assignments. ☐5☐4☐3☐2☐1☐NA
4. The library hours are convenient to student schedules. ☐5☐4☐3☐2☐1☐NA
5. Program assignments require the use of library resources. ☐5☐4☐3☐2☐1☐NA

B. STUDENT INSTRUCTIONAL SUPPORT SERVICES (TUTORS, COMPUTER LAB. ETC.)

1. Tutors provide assistance to the students when needed. ☐5☐4☐3☐2☐1☐NA
2. Audiovisual and computer equipment are available to students for class assignments and activities. ☐5☐4☐3☐2☐1☐NA
3. Computer resources are adequate to support the curriculum. ☐5☐4☐3☐2☐1☐NA
4. Student Instructional Support Services are open an adequate number of hours. ☐5☐4☐3☐2☐1☐NA

Comments:

	<input type="button" value="▼"/>
	<input type="button" value="▲"/>

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable)
2 = Generally Disagree 1 = Strongly Disagree NA = Not Applicable

FIG. 20E

IV. CLINICAL RESOURCES

A. CLINICAL ROTATIONS

1. Facilities

a. The clinical facilities offer an adequate number of procedures for the student to meet clinical objectives.

○5○4○3○2○1○NA

b. The clinical facilities offer an adequate variety of procedures for the student to meet clinical objectives.

○5○4○3○2○1○NA

c. The clinical facilities provide a variety of current equipment.

○5○4○3○2○1○NA

2. Experiences

a. Each clinical rotation is of sufficient length to enable the student to complete clinical objectives.

○5○4○3○2○1○NA

b. Clinical rotations are sufficient to provide overall equivalent competencies for all students.

○5○4○3○2○1○NA

B. CLINICAL INSTRUCTION

1. Students are adequately oriented to assigned clinical areas, and procedures.

○5○4○3○2○1○NA

2. Clinical instructors are sufficiently knowledgeable to provide student instruction.

○5○4○3○2○1○NA

3. Clinical instructors direct the students in completing the assigned objectives.

○5○4○3○2○1○NA

FIG. 20F

REPLACEMENT SHEET 52/54

4. Clinical instructors are consistent in their evaluation of student performance.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

5. Clinical instructors are readily available to assist students when needed.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

Comments:

<u>2012</u>	<input type="button" value="▼"/> <input type="button" value="▲"/>
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INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable)
2 = Generally Disagree 1 = Strongly Disagree NA = Not Applicable

V. PHYSICIAN INTERACTION

A. Physician/student interaction facilitates the development of effective communication skills between physicians and students.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

B. Physician contact is sufficient to provide the student with a physician perspective of patient care.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

C. Overall student exposure to physicians in the program is adequate.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

Comments:

<u>2012</u>	<input type="button" value="▼"/> <input type="button" value="▲"/>
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FIG. 20G

VI. ADDITIONAL COMMENTS

How long have you been a student in the program?

OVERALL RATING:

Please rate the OVERALL quality of the resources supporting the program.
(Select one)

- ☐ 5 = Excellent ☐ 4 = Very Good ☐ 3 = Good
☐ 2 = Fair ☐ 1 = Poor

Based on your experience, which program resources provided you with the most support?

<u>2012</u>	▼ ▲
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Why?

<u>2012</u>	▼ ▲
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Based on your experience, which program resources could be improved?

<u>2012</u>	▼ ▲
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How?

<u>2012</u>	▼ ▲
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FIG. 20H

REPLACEMENT SHEET 54/54

Please provide comments and suggestions that would help to improve the overall resources of the program.

<u>2012</u>	▼ ▲
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Submit Survey

2014

Clear – Start Over

2016

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FIG. 20I